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ATTORNEYS AT LAW

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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3771
Examiner Danton D. Demille

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 08/354,450
Gary K. Michelson

Filed: December 12, 1994

METHOD FOR ARTHROSCOPIC MENISCAL
REPAIR (As Amended)

Attorney Docket No. 101.0023-04000

Customer No. 22882

Confirmation No.: 3041

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 12

Date: March 22, 2010

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 22, 2010.


Christine Flores

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FORM PTO-1083

Attorney Docket No.: 101.0023-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 08/354,450

Filed: December 12, 1994

For: METHOD FOR ARTHROSCOPIC MENISCAL
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Examiner: Danton D. Demille

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Amendment to the Office Action dated February 22, 2010 in the above-identified application.

- ☒ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☐ A Terminal Disclaimer is enclosed.
- ☐ An Information Disclosure Statement Under 37 C.F.R. § 1.97() with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	272 **	0	LG=\$52 SM=\$26	\$ 0
INDEPENDENT CLAIMS FEE	3	-	10 ***	0	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$185	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ The total amount of \$***.00 to cover the ***-month extension fee is to be charged to Deposit Account No. 50-_____.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 22, 2010

By: 

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (310) 286-9800
Facsimile: (310) 286-2795

Transmittal of Amendment 3-22-10

FORM PTO-1083

Attorney Docket No.: 101.0023-04000
Customer No. 22882

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TOTAL CLAIMS FEE	23	-	272**	0	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	3	-	10***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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